

## MEDICAL, DENTAL AND EDUCATIONAL SUITABILITY SCREENING FOR SERVICE AND FAMILY MEMBERS

<b>SERVICE MEMBER NAME</b>	<b>GRADE / RATE</b>	<b>SSN</b>
<b>FAMILY MEMBER NAME</b>	<b>FAMILY MEMBER PREFIX</b>	<b>SSN</b>
<b>NEXT DUTY STATION:</b>	<b>NEXT UNIT IDENTIFICATION CODE (UIC):</b>	

### PART I

**Medical Screening.** Completed by the medical provider to identify special needs and determine if a service or family member is suitable for an overseas, remote duty, or operational assignment. Complete the Report of Medical History (SF 93) and attach to this form.

Yes	No	N/A	ITEM
			1. All health records (military and civilian) reviewed?
			2. Physical examinations are current?
			3. G-6P-D, PPD and Sickle Cell trait test and Blood Type completed & documented?
			4. Immunizations are up-to-date and meet destination country requirements?
			5. Reference audiogram documented on DD 2215?
			6. Latest audiogram (DD 2216) reviewed?
			7. HIV testing completed or drawn?
			8. DNA testing completed and documented?
			9. Are there pending consults or tests that have a bearing on assignment suitability?
			10. Any past limited duty or medical board(s)? (document on SF 93)
			11. Pap smear and pelvic/breast examination within past year?
			12. Mammogram current (based on age)?
			13. Pregnancy screening (verbal inquiry)?
			14. If pregnant? (EDC: _____)
			15. If a Special Duty assignment, is there a condition, which by MANMED, chapter 15, section IV, is disqualifying?
			16. Are there any conditions requiring ongoing care in the following areas? (document on SF 93)
			a. Orthopedic conditions (e.g., chronic back, knee, joint pain or weakness)
			b. Cardiovascular conditions (e.g., chest pain/angina, arrhythmia, valve disease, infarction)
			c. Gynecologic conditions (e.g., chronic pelvic pain, abnormal PAP, breast mass)
			d. Neurologic conditions (e.g., seizure, pinched nerve, migraine, neuropathy)
			e. Respiratory conditions (e.g., asthma, RAD, chronic sinus, allergies)
			f. Mental health or behavioral conditions (e.g., depression, adjustment/personality disorder, ADD/ADHD)
			g. Recurrent or frequent medications (list on SF 93)
			h. Alcohol abuse or dependence
			i. Developmental concerns (e.g., motor, cognitive, communication, social/emotional, or adaptive development)
			j. Other conditions or concerns? (explain):
			17. For service/family members requiring medication in excess of 90 days: (if not applicable, check block and skip to #18)
			a. Is the patient in the maintenance phase of treatment?
			b. Should medication use cease, could the underlying condition become life threatening, pose a risk for dangerous or disruptive behavior or result in a limited duty, MEDEVAC, or early return situation?
			c. Is the medical staff at the gaining MTF/operational platform competent to manage the medication manipulation(s) if the underlying condition exacerbates?
			d. Can the pharmacy at the gaining MTF/operational platform obtain the medication for the duration of the assignment? Non-authorized medical allowance list (AMAL) medications may be provided by the supporting MTF for up to 180 days or obtained through the national mail order pharmacy program.

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BUMEDINST 1300.2  
17 Feb 2000

Yes	No	N/A	ITEM
			18. For service/family members with underlying medical conditions: (if not applicable, check block and skip to #19)
			a. Is there a requirement for special medical supplies, adaptive equipment, assistive technology devices, special accommodations, etc.?
			b. If exposed to a physically or emotionally demanding environment, could the underlying condition become life threatening, pose a risk for dangerous or disruptive behavior, or result in a limited duty or MEDEVAC situation?
			c. Can the gaining MTF/operational platform provide the current required medical support?
			d. Can the gaining MTF/operational platform provide required medical support (diagnostic and therapeutic) if the underlying condition is exacerbated?
			e. Are there any chronic medical or mental health conditions requiring routine or continuing access to care or access to specialized medical care? (document on SF 93)
			f. If required, were potential environmental concerns and possible health effects communicated to each service and family member? (document on appropriate SF 600 overprint)
			19. For infants and toddlers (birth through age 2 inclusive) with a disability, is the child receiving or eligible to receive early intervention services as evidenced by an Individualized Family Service Plan (IFSP)?
			20. For preschool and school children (ages 3 to 21) with a disability, is the child receiving or eligible to receive special education and related services as evidenced by an Individualized Education Program (IEP) and Special Education Worksheet (NAVPERS 1754/4)?
			21. Other concerns? (specify)
<p>IF ANY OF THE ABOVE SHADED BLOCKS ARE CHECKED, QUERY THE GAINING MILITARY TREATMENT FACILITY OR MEDICAL DEPARTMENT SUPPORTING THE OVERSEAS, REMOTE DUTY OR OPERATIONAL LOCATION CONCERNING LOCAL CAPABILITIES TO PROVIDE REQUIRED SUPPORT. (attach reply)</p>			
Yes	No	IS THE SERVICE/FAMILY MEMBER SUITABLE FOR THE OVERSEAS, REMOTE DUTY OR OPERATIONAL ASSIGNMENT? (completed by a MTF designated military medical screener only)	
<p>_____ Military Medical Screener (Signature)      Date</p> <p>_____ Printed Name, Rank or Grade</p> <p>_____ MTF or Duty Station</p> <p>_____ Telephone Number (include area/country code)</p> <p>_____ DSN Number</p> <p>_____ Telefax Number (include area/country code)</p> <p>_____ E-mail Address</p>		<p>_____ Civilian Medical Screener (Signature)      Date</p> <p>_____ <u>Printed Name</u></p> <p>_____ Address</p> <p>_____ City, State, and Zip Code</p> <p>_____ Telephone Number (include area/country code)</p> <p>_____ Telefax Number (include area/country code)</p> <p>_____ E-mail Address</p>	

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**Dental Screening.** Completed by the dental screener to assess and match the dental needs of service or family member to the support capabilities during an overseas, remote duty, or operational assignment.

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